Rec'd T/PTO 28FEB 2060

10/525764

| COMBINED DECL                                                             | ARATION FOR PATENT                                                                                                                                                                | APPLICATION AND POV                                                   | VER OF ATTORNEY                                    |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|
|                                                                           |                                                                                                                                                                                   |                                                                       | PARTMENT OF COMMERCE Patent and Trademark Office   |
|                                                                           |                                                                                                                                                                                   | ATTORNE                                                               | OOCKET NO.: FP3002-003-<br>U.S. Patent Application |
| As a below named inventor, I he                                           | creby declare that:                                                                                                                                                               | ·                                                                     |                                                    |
| My residence, post office addres                                          | ss and citizenship are as stated belo                                                                                                                                             | IW Best to my name                                                    |                                                    |
| I believe I am the original first                                         | and sole inventor (if only one nam<br>bject matter which is claimed and                                                                                                           |                                                                       | irst and joint inventor (if plural                 |
|                                                                           | ABSORPTIVE                                                                                                                                                                        |                                                                       |                                                    |
| the specification of which:                                               |                                                                                                                                                                                   |                                                                       | •                                                  |
| is attached hereto; or                                                    |                                                                                                                                                                                   |                                                                       |                                                    |
| was filed as United States applica<br>applicable); or                     | ution Serial No or                                                                                                                                                                | and was amended on                                                    | (if                                                |
| was filed as PCT international ap<br>PCT Article 19 on                    | plication Number <u>PCT/JP03/085</u>                                                                                                                                              | 04 July 2003                                                          | _ and was amended under                            |
| I hereby state that I have review<br>amended by any amendment refer       | wed and understand the contents red to above.                                                                                                                                     | of the above-identified specifica                                     | tion, including the claims, as                     |
| I acknowledge the duty to disclo-<br>claims presented in this application | se to the U.S. Patent and Tradema<br>n in accordance with Title 37, Cod                                                                                                           | ark Office information which is n<br>e of Federal Regulations, §1.56. | naterial to the patentability of                   |
| any PCT international application                                         | nefits under Title 35, United States §365(a) of any PCT international low and have also identified below (s) designating at least one country date before that of the application | any foreign application(s) for pat                                    | SLONE country other than the                       |
|                                                                           | PRIOR FOREIGN AP                                                                                                                                                                  | PLICATION(S):                                                         | ,                                                  |
| COUNTRY<br>(if PCT, indicate PCT)                                         | APPLICATION NUMBER                                                                                                                                                                | DATE OF FILING (day, month, year)                                     | PRIORITY CLAIMED                                   |
| JAPAN                                                                     | 2002-251466                                                                                                                                                                       | 29, August, 2002                                                      | [Y] Von ( 1)                                       |
| PCT                                                                       | PCT/JP03/08540                                                                                                                                                                    | 04, July, 2003                                                        | [X] Yes [] No                                      |
|                                                                           |                                                                                                                                                                                   |                                                                       | []Yes []No                                         |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Combined Decl                                                                                                                                                    | aration For Patent Appl<br>(includes )                                                      | ATTORNEY DOCK                                                                                    | Attorney - (Continued) ernational Applications, ET NO.: PP3002-0034 U.S. Patent Application                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| I hereby claim the benefits under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title 35, United States Code                                                                                                                                     | §119(e) of any United S                                                                     | tates menuinimal                                                                                 |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  | NAL APPLICATIONS                                                                            | ances provisional app                                                                            | lication(s) listed                                                                                                          |
| U.S. PROVISIONAL A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  | U.S. FILIN                                                                                  | G DATE                                                                                           |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                             |                                                                                                  | ·                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                             |                                                                                                  |                                                                                                                             |
| I hereby claim the benefit under international application(s) design each of the claims of this application of the claims of this application formation known to me to be not code of Federal Regulations, §1.5 PCT international filing date of the PRIOR U.S. APPLICATIONS Compared to the content of the property of the content of t | cation is not disclosed in the les Code, §112, I acknowledge naterial to the patentability of 66 which became available be is application:  OR PCT INTERNATIONAL | at/those prior applications to disclose to claims presented in the tween the filing date of | on(s) in the manner of the U.S. Patent and is application in according to the prior application( | the subject matter of<br>provided by the first<br>Trademark Office all<br>ordance with Title 37,<br>(s) and the national or |
| U.S. APPLICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  | STATUS (Check One)                                                                          |                                                                                                  |                                                                                                                             |
| U.S. APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | U.S. FILING DATE                                                                                                                                                 | PATENTED                                                                                    | PENDING                                                                                          | ABANDONED                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                             |                                                                                                  |                                                                                                                             |
| POWER OF ATTORNEY: As a Number for Cermak & Kenealy I application and to transact all busines addressed to the address associate Direct Telephone Calls and any Contract Telephone Calls and Calls | ess in the Patent and Tradema<br>ed with the below Customer N                                                                                                    | ck Office connected the fumber:  / enealy-LLP No. 39083  Kenealy                            | ractitioners of the bel<br>ation number 40,411<br>rewith, and direct that                        | ow listed Customer ) to prosecute this t all correspondence                                                                 |

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|    | Combined Declaration For Patent Application and Power of Attorney - (Continued (includes Reference to PCT International Applications ATTORNEY DOCKET NO.: FP3002-0034 |                 |                                                                                                                                  |                         |                               |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|--|
| 4  | LING SU MAGE are minichable                                                                                                                                           | by fine on in   | n of my own knowledge are tru hese statements were made with nment, or both, under Section 10 validity of the application or any | THE WINDWICKSE (USE MI) | ITUI taise stotements and al. |  |
|    | FULL NAME OF FIRST<br>AND SOLE INVENTOR                                                                                                                               | Katsushi TSUT   | SUI                                                                                                                              |                         |                               |  |
|    | RESIDENCE & CITIZENSHIP                                                                                                                                               | Tokyo, JAPAN    | TA                                                                                                                               |                         | COUNTRY OF<br>CITIZENSHIP     |  |
|    |                                                                                                                                                                       |                 |                                                                                                                                  |                         | Japan                         |  |
| ŀ  | POST OFFICE ADDRESS                                                                                                                                                   | c/o PIGEON COR  | RPORATION, 5-1, Kanda Tomi                                                                                                       | yamacho Chiyoda-ku, 7   | Tokyo 101-0043 TAPAN          |  |
|    | FIRST (SOLE) INVENTOR:                                                                                                                                                | S SIGNATURE     | Karsudni Isursi                                                                                                                  | í                       | DATE<br>14. Feb. 2005         |  |
|    |                                                                                                                                                                       |                 |                                                                                                                                  |                         |                               |  |
|    |                                                                                                                                                                       |                 |                                                                                                                                  |                         |                               |  |
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|    |                                                                                                                                                                       |                 |                                                                                                                                  | •                       |                               |  |
| Li | sting of Inventors Contin                                                                                                                                             | ued on attached | page(s) [ ] Yes                                                                                                                  | ſ VI Na                 |                               |  |

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